FORM D

Mail Processing Section

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

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Washington, DC

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FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, **SECTION 4(6), AND/OR** UNIFORM LIMITED OFFERING EXEMPTION

OMB APPROVAL

3235-0076 OMB Number:

Expires: July 31, 2008

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SEC USE ONLY Scrial DATE RECEIVED

Name of Offering(check if this is an amendment and name has changed, and indicate change.) Sale of Series A Preferred Stock	
	ULOE
A. BASIC IDENTIFICATION DATA	
1. Enter the information requested about the issuer	
Name of Issuer (check if this is an amendment and name has changed, and indicate change.) Ram Power, Inc.	08056851
Address of Executive Offices (Number and Street, City, State, Zip Code) 640 W. State Street, El Centro, CA 92243	Telephone Number (Including Area Code) (775) 230-0517
Address of Principal Business Operations (if different from Executive Offices) Same as above (Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code) Same as above
Brief Description of Business Ram Power, Inc. is a corporation pursuing fully-integrated solar thermal and geothern wide, including exploration, technology development, construction and operations.	nal energy project development world-
Type of Business Organization Corporation	PROCESSED
Actual or Estimated Date of Incorporation or Organization: Month Year O 1	AUG 0 6 2008
Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State: CN for Canada; FN for other foreign jurisdiction)	THOMSON REUTERS

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C.

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

- ATTENTION -

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predictated on the filing of a federal notice.

> Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

1 of 6

A. BASIC IDENTIFICATION DATA									
2. • Enter the information requested for the following:									
• Each promoter of the issuer, if the issuer has been organized within the past five years;									
• Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer.									
 Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and 									
Each general and managing partner of partnership issuers.									
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner									
Full Name (Last name first, if individual) Schochet, Daniel									
Business or Residence Address (Number and Street, City, State, Zip Code) c/o 640 W. State Street, El Centro, CA 92243									
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner									
Full Name (Last name first, if individual) Sadan, Oded									
Business or Residence Address (Number and Street, City, State, Zip Code) c/o 640 W. State Street, El Centro, CA 92243									
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner									
Full Name (Last name first, if individual) Dormin LLC									
Business or Residence Address (Number and Street, City, State, Zip Code) c/o 640 W. State Street, El Centro, CA 92243									
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner									
Full Name (Last name first, if individual) Enterra B.V.									
Business or Residence Address (Number and Street, City, State, Zip Code) c/o 640 W. State Street, El Centro, CA 92243									
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner									
Full Name (Last name first, if individual) Jónsson, Magnús									
Business or Residence Address (Number and Street, City, State, Zip Code) c/o 640 W. State Street, El Centro, CA 92243									
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner									
Full Name (Last name first, if individual) Margeirsson, Asgeir									
Business or Residence Address (Number and Street, City, State, Zip Code) c/o 640 W. State Street, El Centro, CA 92243									
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner									
Full Name (Last name first, if individual)									
Business or Residence Address (Number and Street, City, State, Zip Code)									

					B. IN	FORMAT	ION ABOU	J T OFFER	ING				
		*										Yes	No
1.	1. Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?								\boxtimes				
Answer also in Appendix, Column 2, if filing under ULOE. 2. What is the minimum investment that will be accepted from any individual?													
2.	What i	s the minim	um investm	ent that will	l be accepte	d from any	individual?			,		\$ N/A Yes	
3.	Dogs t	ha affarina i	permit joint	ournarchin.	of a single :	umis T						\ ⊠	Π̈́
3. 4.			tion request									_	_
			nilar r <mark>em</mark> une sted is an as										
	or state	es, list the n	ame of the b	oroker or do	ealer. If mo	re than five	(5) persons	to be listed					
F 11			you may se		nformation	for that bro	ker or deale	r only.					
rull	Name (Last name	first, if indiv	idual)									
Bus	iness or	Residence	Address (Nu	ımber and S	Street, City,	State, Zip	Cođe)	, ,					
Nan	ne of As	sociated Br	oker or Dea	ler									
Stat	es in W	hich Person	Listed Has	Solicited or	Intends to	Solicit Purc	hasers		•				
	(Ch	eck "All Sta	tes" or checl	k individual	States)				· · · · · · · · · · · · · · · · · · ·			🗆 A	All States
	AL	AK	ΑZ	AR	CA	CO	СТ	DE	DC	FL	GA	HI	ID
	IL	IN	ĪΑ	KS	KY	LA	МЕ	MD	MA	MI	MN	MS	МО
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Bus	iness or	Residence	Address (Nu	imber and S	street, City,	State, Zip	Lode)						
Nan	ne of As	ssociated Br	oker or Dea	ler									
Stat	es in W	hich Person	Listed Has	Solicited or	Intends to	Solicit Purc	hasers						
	(Ch	eck "All Sta	tes" or checl	k individual	States)						• • • • • • •	🗀 A	All States
	AL	AK	ΑZ	AR	CA	CO	cr]	DE	DC	FL	GA	HI	ID
	ĪL	IN	ĪĀ ,	KS	KY	LA	ME	MD	MA	MI	MN	MS	МО
	MT	NE	₩ 	NH	נא	NM	NY]	NC)	ND	ОН	БК	OR	PA
	RI	sc		TN	TX	UT	VT	VA]	WA	WV	w _I	WY]	PR
				لسسا			لئيا						لتتنا
			first, if indiv	·									
Business or Residence Address (Number and Street, City, State, Zip Code)													
Name of Associated Broker or Dealer													
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States)													
	AL	AK AK	AZ	AR	CA	СО	СТ	DE	DC	FL	[5A]	 HI]	ID
	IL	IN	IA	=	KY	LA	ME	MD	MA	MI	MN	MŠ	
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	MT	NE	Įv į	NH	ГИ	NM	γγ]	NC	ND	ОН	bκ	OR]	PA
	RI	SC	SD	TN	TX	UT	VT]	VA	WA	w√	wi	WY	PR

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

Type of Security	Aggregate Offering Price		Amount Alread Sold	у
DebtS		S		_
Equity	900,000	S	300,000	<u>)</u>
Common Preferred				
Convertible Securities (including warrants)		\$		
Other (Specify)\$		· \$		-
				- }
	·	•	_	-
	Number Investors		Aggregate Dollar Amount of Purchases	1
Accredited Investors	1	,	\$ 300.00)()
			•	
· · · · · · · · · · · · · · · · · · ·			·	_
If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities				
Type of Offering	Type of Security		Dollar Amour Sold	ıţ
Rule 505		:	s	
Regulation A		;	\$	
Rule 504		;	s	
Total		;	s	
securities in this offering. Exclude amounts relating solely to organization expenses of the insurer.				
Transfer Agent's Fees		\$		
				_
	_			0
	•			
Engineering Fees				
Other Expenses (identify)				
		\$	5,00	10
	sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged. Type of Security Debt	sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged. Type of Security Oebt	sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged. Type of Security	sold. Enter '0' if the answer is 'none' or "zero.' If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged. Type of Security Debt. S S S Equity Common Preferred Convertible Securities (including warrants) S S S Partnership Interests S S Other (Specify S S S S Total S 900,000 S 300,000 Answer also in Appendix, Column 3, if filing under ULOE. Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amount of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases for offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter '0' if answer is 'none' or 'zero.' Aggregate Dollar Amount of Perchases on the total lines. Enter '0' if answer is 'none' or 'zero.' Non-accredited Investors S 300,000 Answer also in Appendix, Column 4, if filing under ULOE. If this filing is for an offering under Rule 504 only). S Aggregate Dollar Amount of Perchases of the state of

C. OFFERING PRICE, NUME	BER OF INVESTORS, EXPENSES AND USE OF P	ROÇEÉDS 🛴	
•	ng price given in response to Part C — Question 1 Question 4.a. This difference is the "adjusted gross		\$ 895,000
5. Indicate below the amount of the adjusted gross pro- each of the purposes shown. If the amount for any check the box to the left of the estimate. The total of proceeds to the issuer set forth in response to Part C	purpose is not known, furnish an estimate and the payments listed must equal the adjusted gross		
		Payments to Officers, Directors, & Affiliates	Payments to Others
Salaries and fees] s	□ s
Purchase of real estate] s	\$
Purchase, rental or leasing and installation of mach] s	
Construction or leasing of plant buildings and facil	lities	 7 s	□ s
Acquisition of other businesses (including the valu offering that may be used in exchange for the asset issuer pursuant to a merger)	s or securities of another		□ s
Repayment of indebtedness			<u> </u>
Working capital	_		
Other (specify):		s	□ s
	 	s	□ s
Column Totals] \$ <u>0</u>	⊠ s <u>895,000</u>
Total Payments Listed (column totals added)		⊠ s	895,000
the start of the s	D. FEDERAL SIGNATURE	, j.,	1. 200
The issuer has duly caused this notice to be signed by the signature constitutes an undertaking by the issuer to furn the information furnished by the issuer to any non-accre	ish to the U.S. Securities and Exchange Commiss	ion, upon writter	request of its staff,
Issuer (Print or Type)	Signature \(\) \\ \\ \	Date	
Ram Power, Inc.		July 48, 2008	
Name of Signer (Print or Type)	Title of Signer (Print or Type)	<u>, </u>	
Daniel Schochet	Executive Vice President		

- ATTENTION -

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)